

Affidavit of Laurence V. Cronin

Exhibit I I



Attorneys at Law

The Corporate Plaza
800 Delaware Avenue, 7th Floor
P.O. Box 410
Wilmington, Delaware 19899
(Courier 19801)
Phone (302) 652-8400
Fax (302) 652-8405
www.skfdetaware.com

March 28, 2006

VIA FACSIMILE 860-731-3238

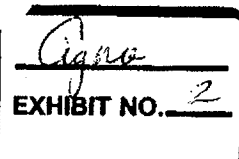
Ms. Gracie Gunther
Senior Claim Manager
Cigna Group Insurance
Routing D212
12225 Greenhill Ave, Suite 1000
Dallas, TX 75243

**Re: *Lipscomb v. Electronic Data Systems Corporation*
(C.A. No. 05-477 SLR, D. Del.)**

Dear Ms. Gunther:

Thank you for speaking with me this morning regarding the documents we received today in response to our subpoena directed to Life Insurance Company of North America ("LINA") in the above referenced matter. As I explained, I have two questions regarding the documents produced. First, I have enclosed various portions of the production (which we have numbered LINA-001 through LINA-036) which appear to omit certain information that should be contained in the electronic form of each document prior to being printed. The relevant documents I have enclosed are numbered LINA-013 through 024 and LINA-034 through 036. As I also explained when we spoke, I assume that this reflects nothing more than the problem that often occurs when printing from certain web-based applications. I would appreciate it if you could check the electronic form of these documents to determine whether it is possible for us to receive (in either paper or electronic form) a complete copy of each document.

Second, since there were no documents produced in response to the second category of documents identified in our subpoena, I asked you to confirm whether there are any records kept by Cigna or LINA that would identify documents received at fax number 800-325-1016. In reviewing the subpoena again this morning, I realized that it contains a typographical error in that the correct number of the fax number at issue is 800-325-7016. To assist with this request, I have enclosed two additional documents. First, from your production I have enclosed a document numbered LINA-026, which appears to be an e-mail faxed to Ms. Lipscomb's physician on May 7, 2004. In addition, I have enclosed a three page document numbered HL 085 through HL 087, which appears to

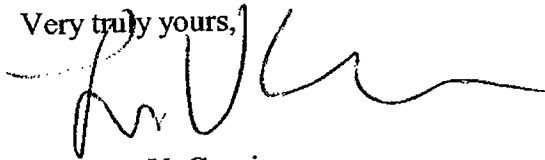


Ms. Gracie Gunther
March 28, 2006
Page 2

reflect this same document being returned to 800-325-7016 on June 21, 2004. One of the purposes of our subpoena was to determine whether Cigna or LINA has any documents which either confirm or refute our belief that this document was received at that fax number on that date, or at 800-377-4286, which I assume to be another Cigna or LINA facsimile number to which this transmission was directed. While we expect to confirm your company's position with respect to this issue through a deposition in the very near future, it would obviously assist us in scheduling that deposition if we have an understanding as to the records that may exist within Cigna and LINA. If you wish, I would be pleased to serve an additional subpoena if that will expedite a response.

Please let me know if you have any questions regarding this matter. I look forward to hearing from you.

Very truly yours,

A handwritten signature in black ink, appearing to read 'LVC', with a long horizontal flourish extending to the right.

Laurence V. Cronin

LVC/vkm

Enclosure

cc: Thomas J. Piatak, Esquire (via facsimile)

Task

Contents

Notes (0/0)

Task: Phone Contact

Start Date:

05/27/2004

Due Date:

05/28/

Details**REDACTED**

Name	HESTAL LIPSCOMB	DOB	0
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	0
Type	Outgoing	Incident #	1191446
First Name	Tracey	Claim Eff Dt-Status	0 P
Role	Employer	Date	05/27/2004 03:27 PM
Call Reason	Employer Inquiry	User ID	Sha
Call Summary	05/27/2004 1522 CST tct Supervisor Tracey Eaddy 302.454.7622, asked for JD ar requirements mail room clerk, opens mail, sorts, metering of mail, delivers ma usually envelopes. sedentary to light duty. States that they can accommodate t work arrangements if necessary. NCM to fu after medical obtained. Sharon Reeve		

Last Changed User

Sharon Reeves

Last Changed Date

05/28/2004 09




Active Contents

Type	Due Date	Created By	Assigned To	Name
STD	04/29/2004	Charlene Crowder	LIPSCOMB, HESTAL	REDACTED

Status: **Completed** Assigned To: **Sharon Reeves**

Creat

LINA-013

 Task  Contents  Notes (0/0)




Task: Provider Contact

Start Date:

05/27/2004

Due Date:

 Details

REDACTED

Name	HESTAL LIPSCOMB	DOB	0
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	0
		Incident #	1191446
		Claim Eff Dt-Status	0 P

Contact - Interview Documentation - Obj. Findings - Treatment - Functionality - Re

Contact Information

<input checked="" type="checkbox"/> First Phone Call	Result	Left Message - Answering Machine	Date	05/27/2004 03:12 PM	User	Sh
<input type="checkbox"/> Second Phone Call	Result		Date		User	
<input type="checkbox"/> Generate Letter/Fax			Date		User	
<input type="checkbox"/> Burden of Proof Letter Sent			Date		User	
<input type="checkbox"/> Incoming Call			Date		User	
<input type="checkbox"/> Mail Received			Date		User	

Contact Comments:

05/27/2004 1511 CST tct Dr. Johnathan Kraut surgical dept 302.428.6496 lvmu regarding dx, type of surgery, tx plan and rtw status. NCM to fu w/i 48 worki sharon Reeves RN

Interview Documentation

Provider First Name	JOHNATHAN	Provider Last Name	KRAUT	Provider Spe
Contact First Name		Contact Last Name		Contact Role
Primary ICD Code		Primary ICD Description		
Comments				

Secondary ICD Code		Secondary ICD Description	
Comments			

ICD Code 3		ICD Code 3 Description	
Comments			

ICD Code 4		ICD Code 4 Description	
------------	--	------------------------	--

LINA-014

Comments

ICD Code 5
Comments

ICD Code 5 Description

Objective Findings

- ☒ Physical Exam Findings
- ☒ Test Results
- ☒ Provider Observations

Comments

Treatment Information

Medication (1)		Dosage (1)		Frequency (1)	
Medication (2)		Dosage (2)		Frequency (2)	
Medication (3)		Dosage (3)		Frequency (3)	
Medication (4)		Dosage (4)		Frequency (4)	
Medication (5)		Dosage (5)		Frequency (5)	

Current Treatment Plan

Treatment Frequency

Future Treatment Plan

<input checked="" type="checkbox"/> Copy to Med/Voc Folder	Date of Surgery	Type of Surgery
<input checked="" type="checkbox"/> Copy to Med/Voc Folder	Date of Surgery	Type of Surgery
<input checked="" type="checkbox"/> Copy to Med/Voc Folder	Date of Surgery	Type of Surgery


Comments

Last Office Visit

Next Office Visit

Functionality Job/Occ Requirements and RTW

Claimant Job/Occ Requirements and Expected Duration

 **Copy to Claim File**

Referral Information

First Name

Last Name

Specialty

Provider Referral Date

Number

Ext.

Remarks

First Name

Last Name

Specialty**Provider Referral Date**

Number

Ext.

Remarks

First Name

Last Name

Specialty

Provider Referral Date

Number

Ext.

Remarks

Last Changed User

Sharon Reeves

Last Changed Date

06/02/20

Active Contents



Type

Due Date

Created By

Assigned To

Name

STD 04/29/2004

Charlene Crowder

LIPSCOMB, HESTAL

REDACTED

Status: Completed **Assigned To:** Sharon Reeves

LINA-016

Other Income Benefits

Comments

Last Changed User

Sharon Reeves

Last Changed Date

06/02/2004



Active Contents

Type	Due Date	Created By	Assigned To	Name
STD	04/29/2004		Charlene Crowder	LIPSCOMB, HESTAL
REDACTED				

Status: Completed

Assigned To: Sharon Reeves

Cr

LINA-018

Marital Status

Preferred Language

☐ Married ☐ Partner ☒ Single ☐ Unknown ☐ Unreported ☐ Widow
English

Employer Information

Account Name

ELECTRONIC DATA SYSTEMS
(EDS)☐ WC/FROI Indicator☒ FMLA Indicator

Work Location

Fed OK

Address Line 1

248 CHATMAN RD.

Address Line 2

STE 100

Zip Code

19702

City

NEWARK

State / Province

DELAWARE

Country

United States

Supervisor Information

First Name

TRACEY

Last Name

EADDY

Phone Number

(302) 454-7622

Ext.

E-Mail Address

TRACEY.EADDY@EDS.COM

Description of Job Duties

☒ Typing/Computer Work☒ Sitting☒ Standing☒ Walking☒ Supervise/Manage☒ Stooping☒ Crawling☒ Operating Heavy Equipment☒ Writing(manual)☐ Repetitive Motion☐ Phone☐ Bending☐ Driving☐ Climbing☐ Pushing☐ Carrying☐ Lifting☐ Other

Occupation Category

05 - Office and Clerical

Job Title

MAIL ROOM CLERK

Date of Hire

07/29/2002

Last Day Worked

04/28/2004

First Day Missed From Work**

04/29/2004

Expected Time Out of Work

Expected RTW Date

Other Employment?

No

Applied for or Receiving

No

Other Benefits?

Condition Information

Condition

☒ Illness ☐ Injury ☐ Pregnancy

Diagnosis or Description of Medical Condition:

GRANDULURE TUMOR

LINA-020

Is Condition Related
to Work Activities?

No

Claim Type

STD

Illness/Injury Information

Date Accident Happened
or Symptoms first Appeared
Past/Recurrent Condition?

03/01/2004

Yes

Other Medical Conditions:

Did Condition Result in Death?

Time of Injury

Body Section

Side

Body Part

Nature of Injury

Cause of Incident

Place of Illness/Injury

☐ Auto ☐ Home ☒ Other

State Accident Occured In

Describe What Happened:

Place Description

Address Line 1

Address Line 2

City

State/Province

Country

United States

Witness Information

Were There Witnesses?

Medical Information

Hospital or Clinic?

No

Surgery Information

Surgery Scheduled or Performed?

Yes

Date of Surgery

04/29/2004

Type of Surgery

Provider Information

First Name

JOHNATHAN

Last Name

KRAUT

Address Line 1

501 W. 14TH ST.

Address Line 2

Zip Code

19801

City

LINA-021

State / Province	WILMINGTON
Country	DELAWARE
Phone Number	United States
E-mail Address	(302) 428-6496 Ext. <input type="text"/>
Provider Specialty	<input type="text"/>
Date of First Treatment	<input type="text"/>
Date of Most Recent Treatment	04/07/2004
Date of Next Scheduled Treatment	<input type="text"/>

Date Unable to Work		
According to Provider		
Primary ICD Code		Description
Secondary ICD Code		Description
ICD Code 3		Description
ICD Code 4		Description
ICD Code 5		Description

Information from Employer

Employment Status

Active Employee

Job Characteristics

<input type="checkbox"/> Exempt	or	<input type="checkbox"/> Non-Exempt
<input type="checkbox"/> Full-Time	or	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Management	or	<input type="checkbox"/> Non-Management
<input type="checkbox"/> Supervisory	or	<input type="checkbox"/> Non-Supervisory
<input type="checkbox"/> Union	or	<input type="checkbox"/> Non-Union
<input type="checkbox"/> Salary	or	<input type="checkbox"/> Hourly

Eligible for Overtime?

☒ Yes

Receive Commissions

No

☒ Eligible for Bonus?

Work Shift Information

Shift Schedule	<input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Days Vary <input checked="" type="checkbox"/> Times Vary	
Work Week	<input checked="" type="checkbox"/> Su <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa	
Start Time	8 : 00 AM	
End Time	5 : 00 PM	
Total Hours Worked Per Week	40	
Details		
Date of Last Change in Earnings	04/01/2004	
Compensation Amount/Frequency	\$20,000.16	Annually
Annual Salary: 20000.16 – Monthly: 1666.68 – Weekly: 384.62		

Did employee receive a pay increase at last review?

In the past 12 months, has the employee been out of work more than 5 consecutive days.

LINA-022

ACCUZA: TASK

Page 5 of 6

excluding holidays and vacation?

In the past 12 months, has the employee received any of the following?

- ☒ Attendance Warnings
☒ Performance Warnings
☒ Conduct Warnings

☐ Other

Hours Worked Last Day

First Day Missed From Work (ER)**

Has Employee Returned to Work

8
04/2
No

Insurance Information

Healthcare Insurance Provider	Aetna
Life Insurance with Cigna?	
STD Effective Date	
STD Contribution	
Did the Employee purchase a Buy-Up Coverage for STD?	
Employer-Calculated Blended Contribution	0.00 %

☒ Requested Job Description From Employer

Incident Number

1191446

Comments:

Early Notice ID

CHC Eligibility Source

CHC Data Source

CHC Medical Product Type

CIGNA Behavioral Type

CHC Well Aware

000000000

Unknown

Last Changed User

Timothy Wilson

Last Changed Date

04/3

☒ Active Contents

Type	Due Date	Created By	Assigned To	
STD	04/29/2004		Charlene Crowder	LIPSCOMB, HESTAL

Nan

REDACTED

Status: Completed

Assigned To: Timothy Wilson

LINA-023

cenza: Task

Page 1 of 6

Task

Contents

Notes (0/1)

Task: Intake

Start Date:

04/20/2004

Due Date:

05/03/2004

Details

Requestor Name TRACEY EADDY
 Employee Name HESTAL LIPSCOMB
 Account Name ELECTRONIC DATA SYSTEMS (EDS)
 Phone (302)454-7622
 Phone (302)655-8973
 Claim Type STD
 Incident #
 SS#

Requestor Information - Employee Information - Employer Information
Supervisor Information - Condition Information - Medical Information - Information from Employer

Requestor Information

Format

Received Date

Role

First Name

Last Name

Phone Number

Employee Information

☒ After Hours ☐ E-Mail ☐ Fax ☐ Mail ☒ Telephonic ☐ Web
 04/30/2004

Employer

TRACEY

EADDY

Type ☐ Other Phone

Number

(302) 454-7622

Ext.

REDACTED

Employee ID Number

Date of Birth

Prefix Name

First Name

Middle Initial

Last Name

Suffix Name

Home Address

Address Line 1

Address Line 2

Zip Code

City

State/Province

Country

MZ8S22

REDACTED

Age 40

HESTAL

LIPSCOMB

Added

3111 W. 2ND STREET

1ST FLOOR

19805

WILMINGTON

DELAWARE

United States

Type

Home

Number

Ext.

Work

(302) 655-8973

(302) 454-7622

Phone Number 1

Phone Number 2

Phone Number 3

Phone Number 4

Mail Address

Gender

☒ Female ☐ Male

LINA-034

anza: Task

Is Condition Related
to Work Activities?

No

Claim Type

STD

Illness/Injury InformationDate Accident Happened
or Symptoms first Appeared

03/01/2004

Past/Recurrent Condition?

Yes

Other Medical Conditions:

Did Condition Result in Death?

Time of Injury

Body Section

Side

Body Part

Nature of Injury

Cause of Incident

Place of Illness/Injury

☒ Auto ☒ Home ☒ Other

State Accident Occured In

Describe What Happened:

Place Description

Address Line 1

Address Line 2

City

State/Province

Country

United States

Witness Information

Were There Witnesses?

Medical Information

Hospital or Clinic?

No

Surgery Information

Surgery Scheduled or Performed?

Yes

Date of Surgery

04/29/2004

Type of Surgery

Provider Information

First Name

JOHNATHAN

Last Name

KRAUT

Address Line 1

501 W. 14TH ST.

Address Line 2

Zip Code

19801

City

LINA-035

excluding holidays and vacation?

In the past 12 months, has the employee received any of the following?

- ☒ Attendance Warnings
- ☒ Performance Warnings
- ☒ Conduct Warnings

☐ Other

Hours Worked Last Day

First Day Missed From Work (ER)**

Has Employee Returned to Work

8
04/29/2004
No

Insurance Information

Healthcare Insurance Provider	Aetna
Life Insurance with Cigna?	
STD Effective Date	
STD Contribution	
Did the Employee purchase a Buy-Up Coverage for STD?	
Employer-Calculated Blended Contribution	0.00 %

☒ Requested Job Description From Employer

Incident Number 1191446

Comments:

Early Notice ID	000000000
CHC Eligibility Source	
CHC Data Source	
CHC Medical Product Type	
CIGNA Behavioral Type	
CHC Well Aware	Unknown

Last Changed User Timothy Wilson Last Changed Date 04/30/2004 08:26 AM

☒ Active Contents

Type	Due Date	Created By	Assigned To	Name
STD	04/29/2004	Charlene Crowder	LIPSCOMB, HESTAL	REDACTED

us: Completed Assigned To: Timothy Wilson

Created

LINA-036

Facsimile Transmission Cover Sheet



CIGNA Group Insurance
Life • Accident • Disability

Transmit to FAX number 302-428-6403	Date 05/07/04	Time (including this sheet) :	Total number of pages 1
To		From	

Name
Dr. Emily Jane Penman
Company

Phone
302-428-4413
Address

Name
Charlene Crowder
Department
Fax: 1.800.325.7016
Phone
(800) 352-0611, ext. 5686
Address
D212
12225 Greenville Ave
Suite 1000
Dallas, Texas 75243

Patient: Hestel Lipscomb DOB: **REDACTED**

We are currently evaluating a Short Term Disability claim for the above named patient. In order to make a determination on extending your patients disability benefits we need the following please:

What is the current diagnosis? What was the first date of treatment for current diagnosis?

What is the first day the doctor certified the patient disabled? Hospitalized/ dates: _____

What are the current limitations/restrictions that prevent or prevented the patient from working?

Please send copies of all current test results and office notes from April 2004 through the present.

What are the current treatment plan goals and when do you anticipate a full time return to work?

What is next office visit?

Please list medications and test to be done.

Thank you for your cooperation in this matter. Should you have any other further questions, please do not hesitate to contact me. To expedite the processing of the claim, we ask that you respond to our request via facsimile 1.800.325.7016.

Sincerely,
Charlene Crowder
Case Manager

LINA-026

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

NA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, NA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

[] Acknowledgment Requested

To Fax a reply, dial : (800) 325.7016

MESSAGE CONFIRMATION

06/21/2004 08:55
ID=MARY BETHS OFFICE 4284627

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
06/21	00' 42"	18003774286	CALLING	02	OK 0000

06/21/2004 08:54 MARY BETHS OFFICE 4284627 → 818003257016 NO. 528 001

Message:

Re: *Hesive 1. ps comp*

From: ☐ Shella Mathis, RN
☒ Alberta Lockhart, MA
☒ Shazi Zodeh, RN
☐ Donna McNee, RN

HL-085

MAY. 7. 2004 10:54AM

9/29/07 1147
CIGNA LLAS

NO. 597

P. 1/1

Facsimile Transmission Cover Sheet

CIGNA Group Insurance
Life • Accident • Disability

Transmit to FAX number 302-428-6403	Date 05/07/04	Time (including this sheet):	Total number of pages 1
To	From		
Name Dr. Emily Jane Penman	Name Charlene Crowder		
Company	Department		
Phone 302-428-4413	Fax: 1.800.325.7016		
Address	Phone (800) 352-0611, ext. 5686		
	Address D212 12225 Greenville Ave Suite 1000 Dallas, Texas 75243		

REDACTED

Patient: Hestel Lipscomb DOB:

We are currently evaluating a Short Term Disability claim for the above named patient. In order to make a determination on extending your patients disability benefits we need the following please:

What is the current diagnosis? What was the first date of treatment for current diagnosis?

REDACTED

What is the first day the doctor certified the patient disabled? Hospitalized/ dates:

4/29/04 - 5/17/04

What are the current limitations/restrictions that prevent or prevented the patient from working? multiple stem measuring

Please send copies of all current test results and office notes from April 2004 through the present.

What are the current treatment plan goals and when do you anticipate a full time return to work?

Return to work 5/17

What is next office visit?

Will need genetic counseling.

Please list medications and test to be done.

Pain meds on the counter.

Thank you for your cooperation in this matter. Should you have any other further questions, please do not hesitate to contact me. To expedite the processing of the claim, we ask that you respond to our request via facsimile 1.800.325.7016.

Sincerely,
Charlene Crowder
Case Manager

John K. [Signature]
Kramt 5/19/04

CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

CIGNA Group Insurance products and services are provided exclusively by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

[] Acknowledgment Requested

To Fax a reply, dial: (800) 325.7016

Wilmington Health Care Center
501 W. 14th Street
Wilmington, DE 19801
FAX: 302 428-6403
Phone: 302 428-6496

CHRISTIANA CARE HEALTH SERVICES

From (office of): Surgical Practice

CONFIDENTIAL

To: Cigna Date: 6/21/04
Fax: 1-800-325-7016 No. of Pages: 1 + cover
Phone: _____

From: ☐ Sheila Mathis, RN
☐ Alberta Lockhart, MA
☒ Shazi Zodeh, RN
☐ Donna McNee, RN
☐ _____

Re: Hesial Lips Comp

Message: _____

HL-087

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	3868
CONNECTION TEL	918607313238p04297
SUBADDRESS	
CONNECTION ID	
ST. TIME	03/28 14:54
USAGE T	07'04
PGS. SENT	22
RESULT	OK



Attorneys at Law

The Corporate Plaza
800 Delaware Avenue
P.O. Box 410
Wilmington, DE 19899
Telephone: (302) 652-8400
Telecopy: (302) 652-8405

FACSIMILE COVER SHEET

To: Ms. Gracie Gunther

Facsimile No. 860-731-3238

Telephone No. _____

From: Laurence V. Cronin, Esquire

Date: March 28, 2006

MESSAGE/ATTACHMENT(S):

Total number of pages, including this cover letter: 22

If you do not receive all of the pages, please call (302) 652-8400 as soon as possible and

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 3869
CONNECTION TEL 912166960740p04297
SUBADDRESS
CONNECTION ID
ST. TIME 03/28 15:11
USAGE T 07'13
PGS. SENT 22
RESULT OK

■
**Smith
Katzenstein
Furrow LLP**

Attorneys at Law

The Corporate Plaza
800 Delaware Avenue
P.O. Box 410
Wilmington, DE 19899
Telephone: (302) 652-8400
Telecopy: (302) 652-8405

FACSIMILE COVER SHEET

To: Thomas J. Piatak, Esquire

Facsimile No. (216) 696-0740

Telephone No. (216) 621-0200

From: Laurence V. Cronin, Esquire

Date: March 28, 2006

MESSAGE/ATTACHMENT(S):

Total number of pages, including this cover letter: 22

For more information, please call (302) 652-8400 as soon as possible and

Affidavit of Laurence V. Cronin

Exhibit JJ

Facsimile Transmission Cover Sheet
CIGNA Group Insurance
 Life • Accident • Disability

Transmit to FAX number 302-652-8405	Date April 3, 2006	Time 11:25 AM	Total number of pages (including this sheet) : 33
To	From		
Name Laurence V. Cronin, Esq.	Name Gracie Gunther		
Company	Department		
Phone	Phone 800-352-0611, Ext. 7170		
Address	Address 12225 Greenville Ave. Suite 1000 Dallas, TX 75243		
Comments			
<div data-bbox="1200 1484 1466 1680" data-label="Image"> </div>			
<p>CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.</p> <p>"CIGNA" and "CIGNA Group Insurance" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and Connecticut General Life Insurance Company.</p>			
<input type="checkbox"/> Acknowledgment Requested		To Fax a reply, dial : 860-731-3102	

Claim File Summary Information

REDACTED

REDACTED

Name: BESTAL LIPSCOMB
Account Name: ELECTRONIC DATA SYSTEMS
Claim Manager: Charlene Crowder

Account # SHD0985005
Incident # 1191446

DOB: [REDACTED]
Incurred Date: 04/29/2004
Claim Eff Dt-Status: 06/02/2004 - Closed

Report date: 04/03/2006 11:28:03 AM EST

Employee File**Employee Information**

Prefix Name	REDACTED	First Name	HESTAL	MI	
		Last Name	LIPSCOMB	Suffix Name	
Date of Birth	REDACTED	Age	42		
Gender	Female	Marital Status	Single	SIT State	DELAWARE

Address Information

Address Line 1	3111 W. 2ND STREET				
Address Line 2	1ST FLOOR				
City	WILMINGTON	State/Province	DELAWARE	Zip Code	19805
Country	United States	Other			

Phone Information

Type	Home	Number	(302)855-8973	Ext.	
Type	Work	Number	(302)454-7622	Ext.	
Type		Number		Ext.	
Type		Number		Ext.	
E-Mail Address					

Last Changed User Timothy Wilson

Last Changed Date 04/30/2004 08:26 AM

Created: 04/30/2004 09:25 AM

Primary Claim File

REDACTED

REDACTED

Name	HESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Assignment Information

Team Name	D-Roscoe	Claim Office	Dallas
Nurse		Vocational Rehab	
Claim Type	STD		
Claim Reopened Reason			
Claim Status Reason	Denied, Not TD Own Occ		
Financial Arrangement	2 - ASO (Admin Svcs Only)		In Sult Indicator

Incident Information

Last Day Worked	04/28/2004	Hours Worked Last Day	8
Benefit Start Date	05/06/2004	Benefit Term Date	05/06/2004
Benefit Paid Through Date		Claim Registered Date	05/03/2004
Received Date	04/30/2004	STD to LTD Transition Date	04/06/2004
Any-Occ Date		SUTA State	DELAWARE
Incurred Date	04/29/2004		

Standard Length of Disability Duration (In Days)

Part Time	Full Time	Red Flag	<input type="checkbox"/> Does Not Exist
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Medical Information

Mental Illness Limit		Claim Complexity	Level 2
Primary ICD Code	799		
Primary ICD Description	OTH ILL-DEF MORB/MORT		
Secondary ICD Code			
Secondary ICD Description			
Condition	Illness		

Occupation Information

Occupation Category	05 - Office and Clerical	Date of Hire	07/29/2002
Employee ID	01071280	Work Related?	No
Job Title	MAIL ROOM CLERK		
Cause of Loss Description	054 - Sickness - Non-Occ		

Key Dates

ERD			
ERD Reason Code		Actual RTW	
Provider's Estimated RTW		Proof of Loss Date	06/02/2004
Med Approved Through			

SAM Information

Pre-SAM Effective Date
SAM Review Type

SAM Effective Date

Policy / Key Change Information

Rated/Ported Code

Number of Months in Split 0

Split Transition Date

LINA Only

Policy Symbol SHD

Policy Number 0985005

Suffix 001

Coverage Code 822

CG Only

Account Number

Policy Code

Major/Minor

Division

Sub Minor

Last Changed User ID

Kim Rudeen

Last Changed Date

06/02/2004 11:39 AM

Created: 04/30/2004 09:26 AM

Med/Voc**REDACTED****REDACTED**

Name	RESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incident #	1191446
		Incurred Date	04/29/2004
		Claim Eff Dt-Status	06/02/2004 - Closed

Medical Information

Date Accident Happened	03/01/2004		
or Symptoms First Appeared			
Provider's Estimated RTW Date		ERD	
Primary ICD Code	799	Primary ICD Description	OTH ILL-DEF MORB/MORT
Secondary ICD Code		Secondary ICD Description	
Level of Functional Capacity		Actual RTW Date	

Healthcare Connect

Healthcare Connect	Yes	Early Notice ID	000000000
CHC Data Source		CHC Eligibility Source	
CHC Medical Product Type		CIGNA Behavioral Type	
CHC Well Aware	Unknown		

Treatment Information

Name of Hospital or Clinic		Date Discharged	
Date Admitted		Delivery Method	
Expected Delivery Date		Complications	
Actual Delivery Date		Type of Surgery	
Date of Surgery	04/29/2004		

Vocational Rehab Information

Mandatory Rehab		DOT Description	
Occupational Characteristics			
DOT Occupational Titles1		DOT Occupational Titles2	
DOT Occupational Titles3		Claimant Educational Background	
Claimant Work History			
Rehab Accepted Date		Rehab Closed Date	
Outcome		RTW Category	

Last Changed User	Timothy Wilson	Last Changed Date	04/30/2004 08:26 AM
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Created: 04/30/2004 09:26 AM

Financial**REDACTED****REDACTED**

Name	NESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Compensation Information

Weekly Amount	\$ 403.85	Monthly Amount	\$ 1750.02
Average Weekly Wage (for 8 weeks preceding disability)	\$ 0.00	Total Hours Worked per Week	40

Benefit Information

Waiting Period	7	Days	Specify Other
Waiting Period Code			
Maximum Period	26	Weeks	Specify Other
Total Benefits Paid Through Amount	\$ 0.00		
Period Code	01 - 26 Weeks		

Contribution Information

STD Effective Date		Buy-Up Effective Date	
Contribution Taxability		Buy-Up Taxability	
Tax Contribution	0%	Post-Tax Buy-Up Contribution	0%
LTD Effective Date		Employer-Calculated Blended Contribution	0%

Overpayment Information

Total Amount	\$ 0.00	Deduct Amount	\$ 0.00
Deduct Start Date			

Social Security Information

Date of Birth of Youngest Dependent		Spouse Date of Birth	
Reimbursement Agreement Received Date		Authorization Form Received Date	
Vendor Name		Own Representation	
Vendor Referred Date			

Benefit Segment Index

Benefit Segment Number	Net Benefit Effective Date	Gross Benefit Amount	Net Benefit Amount
1	05/08/2004	\$ 1750.02	\$ 1750.02

Benefit Segment Information

Benefit Frequency	M - One Month (Standard 30)	Benefit Paid Through Date	
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Compensation Frequency	Day)	Compensation Amount	\$ 1750.02
Integration Method	Monthly	Override	0 %
Calculation Rounding Indicator	N - No Rounding Applies	Override Amount	\$ 0.00
Calculation Basis	100 %	Basic Amount	\$ 1750.02
Benefit Minimum Amount	\$ 0.00	Benefit Maximum Amount	\$ 0.00
Flat Benefit Amount	\$ 0.00	Gross Benefit Amount	\$ 1750.02
Net Benefit Amount	\$ 1750.02	Net Benefit Type	N - Gross or Gross less Offsets
Net Benefit Effective Date	05/06/2004		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
23 - Rehabilitation	T - Expected RTW	05/06/2004		\$ 0.00
				\$
				\$
				\$
				\$

Last Changed User	Kim Rudeen	Last Changed Date	06/02/2004 11:41 AM
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Created: 04/30/2004 09:26 AM

Eligibility**REDACTED****REDACTED**

Name	NESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Decision Information

Core	Eligible	Date	05/03/2004
Buy-Up		Date	

Supplemental Information

CIGNA Life Insurance	Life Policy Number
Waiver of Premium	Family Monthly Income
Pension Contribution	Total & Permanent Disability
Late Submittal	Pension Supplement
Pre-Existing Condition	Continuity of Coverage
	PCL Investigation End
PCL Investigation Begin	Date
Date	
Occupational Provision	

Employer Location Information

Location Number	02	Location	SERVICE DELIVERY-
Address Line 1	5400 LEGACY DRIVE		
Address Line 2			
City	PLANO	State/Province	TX
		Zip Code	75024

Last Changed User	Timothy Wilson	Last Changed Date	04/30/2004 08:26 AM
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Created: 04/30/2004 09:26 AM

SIU/Appeal**REDACTED****REDACTED**

Name	HESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	08/02/2004 - Closed

Special Investigation**SIU Acceptance Date****SIU Completed Date****Appeal Information****Claim Re-opened Date****First Appeal****Appeal Received Date****Appeal Acknowledgement****Letter Sent Date****Appeal Resolution Date****Second Appeal****Appeal Received Date****Appeal Acknowledgement****Letter Sent Date****Appeal Resolution Date****Last Changed User** Timothy Wilson**Last Changed Date** 04/30/2004 08:26 AM**Created:** 04/30/2004 09:26 AM

Follow-Up Tasks - General Follow-Up**REDACTED**

Name	RESTAL LIPSCOMB	REDACTED	DOB		
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005	Incurred Date	04/29/2004
Claim Manager	Charlene Crowder	Incident #	1191446	Claim Eff Dt-Status	06/02/2004 - Closed

Title FAX LAURENCE CRONIN - ADDTL INFORMATION.
Comment/Instruction
SENT TO GRACIE GUNTHER.

Last Changed User	Felicia Williams	Last Changed Date	03/29/2006 08:13 AM		
Status:	Completed	Assigned To:	Felicia Williams	Created:	03/29/2006 08:13 AM

Follow-Up Tasks - General Follow-Up**REDACTED**

Name	NESTAL LIPSCOMB	Account #	SHD0985005	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Incident #	1191446	Incurred Date	04/29/2004
Claim Manager	Charlene Crowder	Claim Eff Dt-Status	06/02/2004 - Closed		

Title	FAX-LAWYER OFFICE-NOTES
Comment/Instruction	SENT TO Claim Manager GRACIE GUNTHER

Last Changed User	Lesly Lubin	Last Changed Date	03/28/2006 05:18 PM
Status:	Completed	Assigned To:	Lesly Lubin
		Created:	03/28/2006 05:18 PM

Follow-Up Tasks - SCU Assignment**REDACTED**

Name	HESTAL LIPSCOMB	Account #	SHD0985005	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Incident #	1191446	Incurred Date	04/29/2004
Claim Manager	Charlene Crowder	Claim Eff Dt-Status	06/02/2004 - Closed		

Title Complete Task to Launch STD SCU Tasks
Comment/Instruction

Last Changed User	Maria Rocha	Last Changed Date	05/03/2004 08:51 AM
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Status:	Completed	Assigned To:	Maria Rocha	Created:	04/30/2004 09:26 AM
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Follow-Up Tasks - Send Acknowledgement Package

Name: WESTAL LIPSCOMB
 Account Name: ELECTRONIC DATA SYSTEMS
 Claim Manager: Charlene Crowder
 Account #: SHD0985005
 Incident #: 1191446
 DOB: [REDACTED]
 Incurred Date: 04/29/2004
 Claim Eff Dt-Status: 06/02/2004 - Closed

Title: Complete after sending Claim Acknowledgement Package.
 Comment/Instruction:

Last Changed User: Maria Rocha

Last Changed Date: 05/03/2004 03:14 PM

Status: Completed

Assigned To:

Maria Rocha

Created:

05/03/2004 03:13 PM

Phone Contact

REDACTED

Name	HESTAL LIPSCOMB	DOB	REDACTED
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Title					
Type *	Outgoing	Date	05/27/2004 03:27 PM	User ID	Sharon Reeves
First Name	Tracey	Last Name	eaddy		
Role	Employer	Specify Other	supervisor		
Call Reason *	Employer Inquiry	Action Taken	Issue Resolved		

Call Summary *

05/27/2004 1522 EST tct Supervisor Tracey Eaddy 302.454.7622, asked for JD and physical requirements mail room clerk, opens mail, sorts, metering of mail, delivers mail but usually envelopes, sedentary to light duty. States that they can accommodate transition work arrangements if necessary. NCM to fu after medical obtained. Sharon Reeves RN

Last Changed User	Sharon Reeves	Last Changed Date	05/28/2004 09:52 AM
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Status:	Completed	Assigned To:	Sharon Reeves	Created:	05/27/2004 04:28 PM
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Registration

REDACTED

Name	HESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Claim Eff Dt-Status	06/02/2004 - Closed

Assignment Information

Claim Manager	Charlene Crowder	Claim Type	STD
Claim Office	Dallas		
Claim Status	Pending	Claim Status Reason	Initial Investigation

Employee Information

First Name	HESTAL	MI		Last Name	LIPSCOMB
Address Line 1	3111 W. 2ND STREET				
Address Line 2	1ST FLOOR				
City	WILMINGTON	State/Province	DELAWARE	Zip Code	19805
Country	United States	SUTA State	DELAWARE		
Date of Hire	01/29/2002	SSN	REDACTED		
Date of Birth	REDACTED	Gender	Female		
Location Number	01	Employee ID Number			

Contract Information

Rated / Ported Code		Mental Illness Limit	
Any-Occ Date		Family Monthly Income	
Pension Supplement			
LINA Only			
Policy Symbol	SHD	Policy Number	0985005
Suffix	001	Coverage Code	822
CG Only			
Account Number		Policy Code	
Major/Minor		Division	
Sub Minor			

Incident Information

Incurred Date	04/29/2004	Last Day Worked	04/28/2004
Primary ICD Code	799	Primary ICD Description	OTH ILL-DEF MORB/MORT
Secondary ICD Code		Secondary ICD Description	
Cause of Loss Description	054 - Sickness - Non-Occ		
Occupation Category	05 - Office and Clerical		
Pre-Existing Condition	3 - Pre-X Investigation pending	Received Date	04/30/2004

Benefit Information

Waiting Period	7	Days	Specify Other	
Start Date *	05/06/2004		Benefit Term Date *	11/03/2004
Termination Type *	3 - Age Limit Or Benefit Pd Limit			
Net Benefit Type *	N - Gross or Gross less Offsets			
Frequency *	M - One Month (Standard 30 Day)			
Period Code *	01 - 26 Weeks			
Integration Method				
Employee Contribution %	0.00 %	Override *		0.00 %
Compensation Amount *	\$ 21,000.24	Compensation Frequency *		Annually
Calculation Basic % *	100.00 %			
Calculation Rounding Indicator *	N - No Rounding Applies			
Minimum Amount *	\$ 0.00	Maximum Amount *		\$ 0.00
Flat Benefit Amount *	\$ 0.00			
Last Changed User	Maria Rocha	Last Changed Date	05/03/2004 03:13 PM	
Status: Completed	Assigned To:	Maria Rocha	Created:	05/03/2004 04:11 PM

REDACTED

REDACTED

Buy-up Eligibility	Task Type	Decision	Decision Date

On-Line Help

Select yes or no from drop down box.
If no, deny claim. Import Employee denial letter and employer version of denial letter into Acclaim: Documents Folder. Close claim. Do not continue the checklist.
If yes, continue with the checklist.

Select yes or no from drop down box.
If no, deny claim. Import Employee denial letter and employer version of denial letter into Acclaim Documents
Folder. Close claim. Do not continue the checklist.
If yes, continue with the checklist.

Enter date: mm/dd/yyyy
Enter date: mm/dd/yyyy
Select New or Initial from drop down box
Enter waiting period language from policy for type of
employee (New or Initial)
Example: 30 days following DOH.
Remember no Effective Date before applicable Eligibility
Waiting Period, Policy Effective Date, and date they
elected
the coverage. mm/dd/yyyy

Remember no Effective Date before applicable Eligibility
Waiting Period, Policy Effective Date, and date they
elected

the coverage. mm/dd/yyyy
First day after last day worked. mm/dd/yyyy

Select yes or no from drop down box.
If no, deny claim. Import Employee denial letter and employer version of denial letter into Acclaim: Documents Folder. Close claim.
If yes, use a culmination of the answers above, applied to policy language to make decision.

4/3/2006

Provider Contact**REDACTED****REDACTED**

Name	HESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Shardene Crowder	Incident #	1191446
		Incurring Date	04/29/2004
		Claim Eff Dt-Status	08/02/2004 - Closed

Contact Information**Title**

<input checked="" type="checkbox"/> First Phone Call	Result	Left Message - Answering Machine	Date	05/27/2004 03:12 PM	User	Sharon Reeves
<input type="checkbox"/> Second Phone Call	Result		Date		User	
<input type="checkbox"/> Generate Letter/Fax			Date		User	
<input type="checkbox"/> Burden of Proof Letter Sent			Date		User	
<input type="checkbox"/> Incoming Call			Date		User	
<input type="checkbox"/> Mail Received			Date		User	

Contact Comments:

05/27/2004 1511 CST tct Dr. Johnathan Kraut surgical dept 302.428.6496 lvm for cb regarding dx, type of surgery, tx plan and rtw status. NCM to fu w/ 48 working hr. sharon Reeves RN

Interview Documentation

Provider First Name	JOHNATHAN	Provider Last Name	KRAUT	Provider Specialty	Surgeon
Contact First Name		Contact Last Name		Contact Role	
Primary ICD Code		Primary ICD Description			
Comments					
Secondary ICD Code		Secondary ICD Description			
Comments					
ICD Code 3		ICD Code 3 Description			
Comments					
ICD Code 4		ICD Code 4 Description			
Comments					
ICD Code 5		ICD Code 5 Description			
Comments					

Objective Findings

☐ Physical Exam Findings
☐ Test Results
☐ Provider Observations
Comments

Treatment Information

Medication (1)	Dosage (1)	Frequency (1)
Medication (2)	Dosage (2)	Frequency (2)

Medication (3) Dosage (3) Frequency (3)
 Medication (4) Dosage (4) Frequency (4)
 Medication (5) Dosage (5) Frequency (5)
 Current Treatment Plan/Provider's Estimated RTW date

Treatment Frequency

Future Treatment Plan

☐ Copy to Med/Voc Folder Date of Surgery Type of Surgery
☐ Copy to Med/Voc Folder Date of Surgery Type of Surgery
☐ Copy to Med/Voc Folder Date of Surgery Type of Surgery

Comments

Last Office Visit

Next Office Visit

Functionality Job/Occ Requirements and RTW

Claimant Job/Occ Requirements and Expected Duration

Additional Information

Referral Information

First Name Last Name
 Specialty Provider Referral Date
 Number Ext.
 Remarks

First Name Last Name
 Specialty Provider Referral Date
 Number Ext.
 Remarks

First Name Last Name
 Specialty Provider Referral Date
 Number Ext.
 Remarks

Last Changed User Sharon Reeves Last Changed Date 06/02/2004 08:21 AM

Status: Completed Assigned To: Sharon Reeves Created: 05/03/2004 04:09 PM

Claimant Contact**REDACTED****REDACTED**

Name	WISTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Contact Information

<input checked="" type="checkbox"/> First Phone Call				
Result	Left Message - Answering Machine	Date	05/27/2004 03:09 PM	User ID Sharon Reeves
<input checked="" type="checkbox"/> Second Phone Call				
Result	Left Message - Answering Machine	Date	06/01/2004 11:17 AM	User ID Sharon Reeves
<input type="checkbox"/> Generate Letter/Fax		Date		User ID
<input type="checkbox"/> Incoming Call		Date		User ID
<input type="checkbox"/> Mail Received		Date		User ID

Contact Comments

05/27/2004 1509 CST tct ee 302.655.8973 lvm for cb. NCM to fu w/i 48 working hr. Sharon Reeves RN

06/01/2004 1117 CST tct ee above no. lvm for cb. If no response w/i 24 working hr will have CM send contact letter. Sharon Reeves RN

06/02/2004 No response from ee will have CM send contact letter to obtain medical. Sharon Reeves RN

Interview Documentation

Primary Diagnosis/Symptoms/Co-Morbid Conditions

Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization

Functionality/Job Duties/Set Expectations

Spouse Information

First Name	MI	Last Name
SSN	Date of Birth	
Is Spouse Employed?	If Employed	
Date of Birth of Youngest Dependent		
Other Income Benefits		
Comments		

Last Changed User	Sharon Reeves	Last Changed Date	06/02/2004 08:19 AM
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Status:	Completed	Assigned To:	Sharon Reeves	Created:	05/03/2004 04:08 PM
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Claim Strategy**REDACTED****REDACTED**

Name	WESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Update Rationale

Title	
Update Rationale	Initial Claim Strategy

For Walk-up and Nurse Interaction Only

Role	Name
------	------

For Staffings Only - Indicate Resources Present (check all that apply)

- ☐ AMD
☐ NCM
☐ VRC
☐ CBH Specialist
☐ On-Site Psych
☐ Network Orthopedist

Claim Status Information

Status	Closed
Status Reason	Denied, Not TD Own Occ
Reopened Reason	
Second Eye Review Required	

<input type="checkbox"/> Second Eye Review Complete	Date	User ID
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Comments

Duration Information

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	
ERD	ERD Reason	
Primary ICD Code	Primary ICD Description	OTH ILL-DEF MORB/MORT
799		

Strategy Documentation

Level of Functional Capacity

Restrictions & Limitations**Subjective / Objective Findings / Treatment****Outstanding Issues and Follow-up Dates****Strategy**

no medical received to suport TD, unknown surgical procedure so duration cannot be determined. no RTC fr cx either. eny for LOM

Last Changed User	Kim Rudeen	Last Changed Date	06/02/2004 11:42 AM
Status:	Completed	Assigned To:	Kim Rudeen
		Created:	05/03/2004 04:08 PM

Employer Contact**REDACTED****REDACTED**

Name	HESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Requestor Name	TRACEY EADDY	Phone	(302)454-7622	Incident #	1191446
Employee Name	HESTAL LIPSCOMB	Phone	(302)655-8973	REDACTED	
Account Name	ELECTRONIC DATA SYSTEMS	Claim Type	STD		

Employer Contact Information

<input checked="" type="checkbox"/> First Request	Date	05/03/2004 03:09 PM	User	Maria Rocha
<input type="checkbox"/> Second Request	Date		User	
<input type="checkbox"/> Incoming Call	Date		User	
Employer Information Received Date		05/03/2004		
Comments				
NO ER CONTACT				

Last Changed User	Maria Rocha	Last Changed Date	05/03/2004 03:09 PM
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Status:	Completed	Assigned To:	Maria Rocha	Created:	05/03/2004 04:08 PM
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Claim Assignment**REDACTED****REDACTED**

Name	HESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incurred Date	04/29/2004
		Incident #	1191446
		Claim Eff Dt-Status	06/02/2004 - Closed

Account Name	ELECTRONIC DATA SYSTEMS (EDS)		
Claim Type	STD	Claim Complexity	Level 2
Team Name	D-Roscoe	Claim Office	Dallas
Claim Manager	Charlene Crowder		
Nurse			

Last Changed User	Maria Rocha	Last Changed Date	05/03/2004 03:08 PM
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Status:	Completed	Assigned To:	Maria Rocha	Created:	05/03/2004 04:07 PM
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Claim Complexity**REDACTED****REDACTED**

Name	NESTAL LIPSCOMB	DOB	
Account Name	ELECTRONIC DATA SYSTEMS	Account #	SHD0985005
Claim Manager	Charlene Crowder	Incident #	1191446
		Incurred Date	04/29/2004
		Claim Eff Dt-Status	06/02/2004 - Closed

Initial Claim Complexity

Condition:	Illness	
Diagnosis or Description of Medical Condition:	GRANDULURE TUMOR	
Primary ICD Code:	799	Description: OTH ILL-DEF MORB/MORT
Claim Complexity:	Level 2	

Adjusted Claim Complexity

Occupation Category:	05 - Office and Clerical	
Benefit Period:	01 - 28 Weeks	
Work Related?:	No	
Date of Hire:	07/29/2002	Incurred Date: 04/29/2004
Length of Employment:	3 Years	
Prior Claim?	No	
Adjusted Claim Complexity:		

Last Changed User	Maria Rocha	Last Changed Date	05/03/2004 03:07 PM
Status:	Completed	Assigned To:	Maria Rocha
		Created:	05/03/2004 03:13 PM

Intake

REDACTED

REDACTED

Name HESTAL LIPSCOMB
 Account Name ELECTRONIC DATA SYSTEMS
 Claim Manager Charlene Crowder
 Account # SHD0985005
 Incident # 1191446
 DOB
 Incurred Date 04/29/2004
 Claim Eff Dt-Status 06/02/2004 - Closed
 Requestor Name TRACEY EADDY
 Employee Name HESTAL LIPSCOMB
 Account Name ELECTRONIC DATA SYSTEMS
 Phone (302)454-7622
 Phone (302)655-8973
 Claim Type STD
 Incident # 1191446
 REDACTED

Requestor Information

Format
 Received Date 04/30/2004
 Role Employer
 First Name TRACEY
 Last Name EADDY
 Phone Number Type Other Phone Number (302)454-7622 Ext.
☐ After Hours ☐ E-Mail ☐ Fax ☐ Mail ☒ Telephonic ☐ Web

Employee Information

REDACTED

REDACTED

Age 42

Date of Birth
 Prefix Name
 First Name HESTAL
 Middle Initial
 Last Name LIPSCOMB
 Suffix Name
 Home Address
 Address Line 1 Added
 Address Line 2 3111 W. 2ND STREET
 Zip Code 1ST FLOOR
 City 19805
 State/Province WILMINGTON
 Country DELAWARE
 United States

Specify Other:

Phone Number 1 Type Home Number (302)655-8973 Ext.
 Phone Number 2 Work (302)454-7622
 Phone Number 3
 Phone Number 4

E-Mail Address

Gender

Marital Status

Preferred Language

☒ Female ☐ Male
☐ Married ☐ Partner ☒ Single ☐ Unknown ☐ Unreported ☐
 Widowed
 English

Employer Information

Account Name ELECTRONIC DATA
SYSTEMS (EDS)

Account Location

☐ WC/FROI Indicator

☒ FMLA Indicator

Work Location Fed OK

Address Line 1 248 CHATMAN RD.

Address Line 2 STE 100

Zip Code 19702

City NEWARK

State / Province DELAWARE

Country United States

Specify Other:

Supervisor Information

First Name TRACEY

Last Name EADDY

Phone Number (302)454-7622 Ext.

E-Mail Address TRACEY.EADDY@EDS.COM

Description of Job Duties

☒ Typing/Computer Work

☒ Sitting

☐ Standing

☐ Walking

☐ Supervise/Manage

☐ Stooping

☐ Crawling

☐ Operating Heavy Equipment

☐ Writing(manual)

☐ Repetitive Motion

☐ Phone

☐ Bending

☐ Driving

☐ Climbing

☐ Pushing Pounds:

☐ Carrying Pounds:

☐ Lifting Pounds:

☐ Other Specify Other:

Occupation Category 05 - Office and Clerical

Job Title MAIL ROOM CLERK

Date of Hire 07/29/2002

last day worked 04/28/2004

First Day Missed from Work** 04/29/2004

Expected Time Out of Work

Expected RTW Date

Other Employment? No

Applied for or Receiving No

Other Benefits?

Offsets

☐ Social Security Disability Offset Amount \$ 0.00

☐ Social Security Retirement Offset Amount \$ 0.00

<input type="checkbox"/> Dependent Social Security	\$ 0.00
<input type="checkbox"/> Pension	\$ 0.00
<input type="checkbox"/> VA Benefit	\$ 0.00
<input type="checkbox"/> Government/State Disability Benefits	\$ 0.00
<input type="checkbox"/> Worker's Compensation	\$ 0.00
<input type="checkbox"/> No Fault Benefits	\$ 0.00
<input type="checkbox"/> Other Group Disability	\$ 0.00
<input type="checkbox"/> Salary Continuance	\$ 0.00
<input type="checkbox"/> Group Life Permanent Total Disability	\$ 0.00

Condition Information

Condition ☒ Illness ☐ Injury ☐ Pregnancy

Diagnosis or Description of Medical Condition:

REDACTED

Is Condition Related to Work Activities? No

Filing for Workers' compensation?

Workers' Compensation Type

Claim Type STD

Illness/Injury Information

Date Accident Happened 03/01/2004

or Symptoms first Appeared

Past/Recurrent Condition? Yes

Other Medical Conditions:

Did Condition Result in Death?

Date of Death

Time of Injury

Body Section

Side

Body Part

Nature of Injury

Cause of Incident

Place of Illness/Injury ☐ Auto ☐ Home ☒ Other

State Accident Occurred In

Describe What Happened:

Place Description

Address Line 1

Address Line 2

Zip Code

City

State/Province

Country

United States

Specify Other:

Witness Information

Were There Witnesses?

Witness First Name

Witness Last Name

Phone Number

Type

Number

Ext.

Medical Information

Initial Treatment

Hospital or Clinic?

No

Surgery Information

Surgery Scheduled or Performed? Yes

Date of Surgery

04/29/2004

Type of Surgery

Provider Information

First Name

JOHNATHAN

Last Name

KRAUT

Address Line 1

501 W. 14TH ST.

Address Line 2

Zip Code

19801

City

WILMINGTON

State / Province

DELAWARE

Country

United States

Specify Other:

Phone Number

(302)428-6496

Ext.

E-mail Address

Provider Specialty

Date of First Treatment

Date of Most Recent Treatment 04/07/2004

Date of Next Scheduled Treatment

Date Unable to Work

According to Provider

Primary ICD Code

Description

Secondary ICD Code

Description

ICD Code 3

Description

ICD Code 4

Description

ICD Code 5

Description

Information from Employer

Department Name

Present Position Start Date

Employment Status

Active Employee

Date of Layoff/Termination

Job Characteristics

or

- ☐ Exempt
☒ Full Time
☐ Management
☐ Supervisory
☐ Union

Name

- ☒ Salary

- ☒ Non-Exempt

or

- ☐ Part-Time

or

- ☒ Non-Management

or

- ☒ Non-Supervisory

or

- ☒ Non-Union

Number

or

- ☐ Hourly

Eligible for Overtime? Yes

Receive Commissions No

- ☒ Eligible for Bonus?

Compensation Types

- ☐ Board
☐ Company Car
☐ Draw
☐ Housing
☐ Laundry
☐ Meal Allowance
☐ Tips
☐ Clothing Allowance
☐ Health Insurance
☐ Income From Other Sources
☐ Lodging
☐ Piecework
☐ Telephone

Work Shift Information

Shift Schedule

- ☒ Standard ☐ Days Vary ☐ Times Vary

Work Week

- ☐ Su ☒ M ☒ Tu ☒ W ☒ Th ☒ F ☐ Sa

Start Time 8:00 AM

End Time 5:00 PM

Total Hours Worked Per Week 40

Details

Date of Last Change in Earnings 04/01/2004

Compensation Amount/Frequency

Annual Salary: \$

Weekly: \$

Monthly: \$

REDACTED

Average Weekly Wage (for 8 Weeks Preceding Disability)

\$ 0.00

If salary (continuance), do you wish to be reimbursed?

Salary Continuance Termination Date

Weekly earnings, including bonus and overtime pay, during 8 calendar weeks preceding disability? \$ 0.00

Did employee receive a pay increase at last review?

In the past 12 months, has the employee been out of work more than 5 consecutive days, excluding holidays and vacation?

In the past 12 months, has the employee received any of the following?

- ☐ Attendance Warnings

- ☐ Performance Warnings

- ☐ Conduct Warnings

- ☐ Other

Specify Other:

Paid in full for last day worked?
 Hours Worked Last Day 8
 First Day Missed From Work (ER)** 04/29/2004
 Has Employee Returned to Work No
 Actual RTW Date
 RTW Duty Type

Insurance Information

Healthcare Insurance Provider Aetna
 Specify Other:
 Life Insurance with Cigna?
 Life Policy Number
 STD Effective Date
 STD Contribution
 STD Post-Tax Contribution 0.00 %
 Did the Employee purchase a Buy-Up Coverage for STD?
 STD Buy-Up Effective Date
 STD Buy-Up Contribution
 STD Post-Tax Buy-Up Contribution 0.00 %
 LTD Effective Date
 LTD Contribution
 LTD Post-Tax Contribution 0.00 %
 Did the Employee purchase a Buy-Up Coverage for LTD?
 LTD Buy-Up Effective Date
 LTD Buy-Up Contribution
 LTD Post-Tax Buy-Up Contribution 0.00 %
 Employer-Calculated Blended Contribution 0.00 %

☐ Requested Job Description From Employer

Incident Number 1191446

Comments:

Healthcare Connect Yes
 Claim Office 350378
 Early Notice ID 000000000
 CHC Eligibility Source
 CHC Data Source
 CHC Medical Product Type
 CIGNA Behavioral Type
 CHC Well Aware Unknown

Last Changed User Timothy Wilson Last Changed Date 04/30/2004 08:26 AM

Additional Note

Created: 04/29/2004 11:07 AM

Creator: Bianca Dunlap
Type: General
Subject: PRE FILE
Description: LOW 04/28/2004
FDD 04/29/2004

Status: Completed Assigned To: Timothy Wilson Created: 04/20/2004 10:59 AM

Affidavit of Laurence V. Cronin

Exhibit KK



Attorneys at Law

The Corporate Plaza
800 Delaware Avenue, 7th Floor
P.O. Box 410
Wilmington, Delaware 19899
(Courier 19801)
Phone (302) 652-8400
Fax (302) 652-8405
www.skfdelaware.com

April 3, 2006

VIA FACSIMILE ONLY

Ms. Gracie Gunther, Senior Claim Manager
Cigna Group Insurance
Routing D212
12225 Greenhill Ave, Suite 1000
Dallas, TX 75243

**Re: *Lipscomb v. Electronic Data Systems Corporation*
(C.A. No. 05-477 SLR, D. Del.)**

Dear Ms. Gunther:

Thank you for faxing me complete copies of the documents that you had previously sent to me in response to our subpoena. By copy of this letter, I am transmitting copies of those documents to counsel for EDS in the above referenced litigation. This letter will also confirm that Cigna has no records available which would identify any of the documents sent to fax number 800-325-7016, and therefore, it is impossible for Cigna to identify any of the documents that it received on June 21, 2004 directed to that number. This will also confirm that after checking with Cigna's technology personnel, it is your understanding that the other facsimile or phone number we discussed this morning (800-377-4286) is not presently, and was not a Cigna number on June 21, 2004.

If I have misstated any portion of our conversations, please let me know. Thank you again for your cooperation. We will be in touch shortly with respect to the scheduling of a deposition.

Very truly yours,

A handwritten signature in black ink, appearing to read "LVC", is written over the typed name Laurence V. Cronin.

Laurence V. Cronin

LVC/vkm

cc: Thomas J. Piatak, Esquire (w/ enc.)


10012857.WPD



*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 3881
CONNECTION TEL 918607313238p04297
SUBADDRESS
CONNECTION ID
ST. TIME 04/03 17:11
USAGE T 00'52
PGS. SENT 2
RESULT OK


**Smith
Katzenstein
Furlow LLP**

Attorneys at Law

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FACSIMILE COVER SHEET

To: Ms. Gracie Gunther

Facsimile No. 860-731-3238

Telephone No. _____

From: Laurence V. Cronin, Esquire

Date: April 3, 2006

MESSAGE/ATTACHMENT(S):


Total number of pages, including this cover letter: 2

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*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 3882
CONNECTION TEL 912166960740p04297
SUBADDRESS
CONNECTION ID
ST. TIME 04/03 17:13
USAGE T 10'49
PGS. SENT 35
RESULT OK


**Smith
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FACSIMILE COVER SHEET

To: Thomas J. Piatak, Esquire

Facsimile No. (216) 696-0740

Telephone No. (216) 621-0200

From: Laurence V. Cronin, Esquire

Date: April 3, 2006

MESSAGE/ATTACHMENT(S):

Total number of pages, including this cover letter: 35

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